

**SOCIAL SECURITY REGULATORY AUTHORITY  
APPLICATION FOR REGISTRATION OF A MANAGER**

**Provide the following particulars -**

**A. GENERAL**

- i) Name of Manager .....
- ii) Registered Office.....  
Building .....
- Road .....
- Town .....
- iii) Postal address.....  
Telephone .....Fax/Email.....  
Telex.....

**B. MANAGEMENT.**

- i) Members of the Board of Directors (Appendix A)
- ii) Chief Executive, Company Secretary and Heads of Departments. (Appendix B)
- iii) Bankers, Auditors and Legal Advisors. (Appendix C)
- iv) Date of incorporation..... certificate of incorporation  
no.....
- v) Income Tax Personal Identification Number .....
- vi) Income Tax Reference Number .....

**C. SHARE CAPITAL**



Type of share and holding	Number of shareholders	Number of shares	Nominal value (Tshs)	Total Amount (Tshs)	% of total
a) .....shares					
Local					
Foreign					
Total					
b).....Shares					
Local					
Foreign					
Total					
c) .....shares					
Local					
Foreign					
Total					
<b>TOTAL</b>					

**D. BUSINESS PARTICULARS**

(i) State briefly the main object of the manager.

.....  
.....  
.....

ii) State date of last Annual General Meeting.

.....  
.....

- iii) List the Social Security which the manager has managed their funds within the period of three years ending as at the date of application. *(In case of insufficient space provide separate attachment).*

.....  
 .....  
 .....  
 .....

**E. ATTACHMENTS.**

Please attach certified copies of the following:

- i) Latest audited report and accounts

Act no 8 of 2008

- ii) Certificate of incorporation

I hereby declare section 15 of the Act has been complied with and that statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of alteration.

Signed on this ..... day of.....

.....

*Chief Executive/Secretary*

Full name .....

Designation .....

**PARTICULARS OF THE BOARD OF DIRECTORS**

**Name of the Manager**

.....

Director (full name)	Nationality	Permanent Address	Occupation	Date of Appointment	No. of shares held

*APPENDIX B*

**PARTICULARS OF TOP MANAGEMENT OF THE MANAGER**

**Name of Manager**.....

Executive (full name)	Designation	Nationality	Permanent Address	Date of Appointment	Academic and professional qualifications	Years of experience

*APPENDIX C*

**PARTICULARS OF AUDITORS, LEGAL ADVISORS AND BANKERS**

**Name of Manager**.....

	Name of firm/institution	Income Tax P.I.N.	Postal, Telephone and fax address	Affiliated Professional body	Date of appointment
Auditors					
Bankers					
Legal Advisors					

**Form C2**

**SOCIAL SECURITY REGULATORY AUTHORITY  
CERTIFICATE OF REGISTRATION OF A MANAGER**

REGISTRATION NO.
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This is to certify that..... is registered as a Manager subject to the provisions of the Social Security Regulatory Authority Act No 8 of 2008.

Given under my hand and seal of the Social Security Regulatory Authority this .....day of.....

.....  
*Chief Executive Officer*  
*Social Security Regulatory Authority*

